



EL 985152627US)

Appl. No : 09/993,299
Applicant : Reynolds, David L.
Filed : November 23, 2001
Title : System for Filling and Assembling Pharmaceutical Delivery
Devices
TC./A.U. : 3763
Examiner : Serke, Catherine
Docket No. : 8080

#149
11-19
DB

Honorable Commissioner for Patents
P.T.O. Box 1450
Alexandria, Virginia 22313-1450

AMENDMENT

Sir:

In response to the office action of July 9, 2003, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper. Please add new claim 20.

Remarks/Arguments begin on page 9 of this paper.

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | |
|------------------------|-------------------|
| Application Number | 09/993,299 |
| Filing Date | November 23, 2001 |
| First Named Inventor | Reynolds |
| Art Unit | 3763 |
| Examiner Name | Serke |
| Attorney Docket Number | 8080 |

Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)

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|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): check in the amount of \$110 <i>Postcard</i> |
|---|--|--|

Remarks

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------|--|
| Firm or Individual name | (Woodling, Krost and Rust) Kenneth L. Mitchell |
| Signature | <i>Kenneth L. Mitchell</i> |
| Date | November 7, 2003 |

CERTIFICATE OF TRANSMISSION/MAILING

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Signature

Date

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